

# Post-Deployment

## 9T. Responders Out-processing Assessment

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**Welcome Home Letter to be Distributed During Demobilization or Out-processing (created by the ERHMS workgroup)**

### **(Place of Deployment) Post-Deployment Health Information for Responders**

Welcome back and thank you for a job well done during your deployment! Please read the following document to familiarize yourself with illnesses that may be more common in individuals that have been to/involved in (Place of Deployment). Information in this material will help alert you to health complaints (injury, illness, and mental health) that may need further evaluation.

#### **Things to tell your doctor:**

- If you are experiencing symptoms such as fever, flu-like illness, chills, headache, joint/muscle aches
- If you were injured or have wounds that are not healing well while in/involved in (Place of Deployment)
- If you feel depressed, confused, have trouble sleeping, or have a hard time adjusting back into your home environment
- If you were bitten or scratched by an animal while in (Place of Deployment).
- If you believe you were exposed to hazards such as dust, pathogens, or chemicals and continue to have persistent health problems

#### **What to watch for in the next few weeks:**

If you experience symptoms or conditions discussed in this document or have other concerning symptoms not listed, please see your doctor as soon as possible.

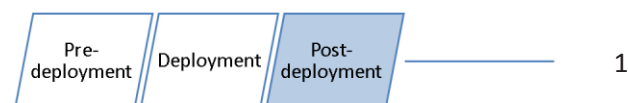
[here make a list of the symptoms you would most likely see with the diseases of concern for the location or incidence personnel were involved in]

#### **EXAMPLE**

- increased stress, difficulty adjusting to routine, sleeplessness, persistent sadness, depression

#### **Illnesses More Common in Individuals Who Have Been to/Involved in (Place of Deployment)**

[List potential exposures, illnesses, injuries, or mental health issues common to the locale or incident. (examples: TB, Japanese encephalitis, dust/asbestos, mental health...) Here go into more detail about causes, latency periods, symptoms]



## EXAMPLE

**Psychological/Emotional Difficulties:** As a responder or relief worker, you may have encountered extremely stressful situations, such as witnessing loss of life, injuries, separated families, and destruction. These experiences may cause psychological or emotional difficulties. Up to one-third of workers will experience depression shortly after returning home. A mental health professional can help you with psychological or emotional difficulties. [List contact info.]

### Suggested Information to Gather During Out-processing Assessment

#### Verify personal information

Verify identifying and contact information

- Name
- Address
- Phone number(s) (work, home, cell)
- E-mail address(es) (work, personal)
- Age, date of birth
- Sex
- Social Security Number (last four digits) or unique identification number
- Contact information for someone who will know where the worker is 6 months after demobilization
- Response organization
  - Indicate employer or volunteer organization
  - Name and address
  - Contact person's name, phone, and email

Verify (if data available) usual work

- Industry
- Occupation
- Job tasks
- Number of years

Verify Functional and Access Needs

- Primary language

#### Response-related information

Response/recovery work

- Type of response/recovery work performed
- Circumstances under which work was performed
  - Geographic location
  - Dates and times (at least shifts worked) work was performed

Known hazardous exposures or conditions

- Type of exposure or conditions (if known)
- Work practices

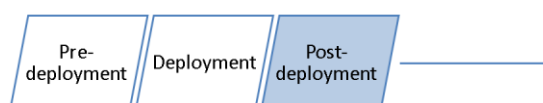
Protective measures used by responders to protect themselves from dangers of any kind (e.g., personal protective equipment listed so it can be checked off by the person being assessed)

#### Qualitative questions

- Did you have adequate training on safety and health issues relating to your work?
- What were the most positive aspects of this deployment for you?
- What were the most difficult aspects of this deployment for you?
- Do you have any suggestions for things your organization could do differently for future deployments?
- Do you have any concerns about your own well-being as you leave?

#### Injuries sustained or illness symptoms experienced during response/recovery work

- \* Goal: use the correct number and type of questions to raise clinical suspicion for referral rather than render an accurate diagnosis
- Injuries
  - Description of injury
  - Complete resolution vs. still present
- Health complaints
  - Current health complaints
- Use standardized list by general body system, including emotional and behavioral health (anxiety, mood, altered behavior, sleep problems, substance abuse, PTSD, and depression)
- Use only as trigger questions for follow-up
- Include query about urgency to evaluate the need for more immediate health evaluation referral
- Potential sources of questions: Deepwater Horizon Response Survey, Army's Post-deployment Health Assessment (see toolbox)
  - New vs. exacerbation of preexisting condition



## Department of Homeland Security Documents Used to Conduct Post-deployment Assessment



### DEPARTMENT OF HOMELAND SECURITY OFFICE OF HEALTH AFFAIRS POST-DEPLOYMENT ASSESSMENT QUESTIONNAIRE DECLINATION

Print: First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

As a DHS Mission Critical and/or Emergency Essential employee returning from designated deployment assignment, and may have been exposed to biological or environmental hazards, you are eligible to participate in the DHS Post –Deployment Medical Assessment. Every work experience is unique and may reflect individual differences regarding exposures. Completion of this document is voluntary. If you do not wish to participate, you are required to complete this Declination form.

\_\_\_\_\_**DECLINATION: (General):** I understand that due to my deployment work assignment and possible exposure to potential biological or environmental hazards, I may be at risk for illness. I have been given the opportunity to be evaluated; however, I decline the evaluation at this time. I understand that by declining this assessment, I could be at risk for illness secondary to possible exposures.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DHS Form 5202 (3/10)



DEPARTMENT OF HOMELAND SECURITY  
**DHS Post Deployment Health Screening Questionnaire**

**INSTRUCTIONS:** This document addresses deployment related exposures that you may have come in-contact with during your tour of duty. Every work experience is unique and may reflect individual differences regarding exposures. Completion of this document is voluntary. If you do not wish to participate, you are required to complete the attached Declination Form.

1. Complete each item based on your personal experience during your deployment and your best judgment of actual or suspected exposures. Additional hazards may be noted and commented upon in the spaces provided.
2. Sign the Authorization for Release of Information and return it along with this survey to your component medical reviewing physician or agency equivalent.

**Today's Date** \_\_\_\_\_

LAST NAME FIRST (No nicknames) MIDDLE

Sex: ☐ Male ☐ Female Age: \_\_\_\_\_ Job Title: \_\_\_\_\_

Component DISTRICT/DIVISION ADDRESSES YOUR WORK TELEPHONE NO.

**Deployment Dates:** From: \_\_\_\_\_ To: \_\_\_\_\_

**What were your duties during deployment?** (Please check that apply applies)

- ☐ Search, Rescue ☐ Law Enforcement/Security  
☐ Safety/Health ☐ Recovery  
☐ Immigration Enforcement duties  
☐ Operations ☐ Other \_\_\_\_\_  
☐ Peer Support/Critical Incident Stress Management ☐ Medical/Health Care

**Worksite** (Please check each check boxes that applies):

- ☐ Deployment sites: \_\_\_\_\_ Daily travel time to work site (if applicable): \_\_\_\_\_  
☐ hrs/day ☐ days/week ☐ weeks/month \_\_\_\_\_ total months

**Shift Work: (check one):** \_\_\_\_\_ 8 hours \_\_\_\_\_ 12 hours \_\_\_\_\_ 16 hours \_\_\_\_\_ other(explain): \_\_\_\_\_

Total Hours per week (worked): \_\_\_\_\_

**Rest Periods:**

Average hours sleep per day/night: \_\_\_\_\_

Was sleep/rest period uninterrupted? \_\_\_\_\_

## NIOSH Deepwater Horizon Worker Health Survey

This survey was created by NIOSH and approved by the Office of Management and Budget during the Deepwater Horizon Response, and it represents an example of an out-processing assessment.

### CDC/NIOSH DEEPWATER HORIZON RESPONSE WORKER HEALTH SURVEY

[INTERVIEWER: READ THE FOLLOWING INTRODUCTION.]

#### Intro 1

Hello, I'm [NAME] from the Centers for Disease Control and Prevention, commonly referred to as CDC. Is this [RESPONDENT'S NAME]? We are surveying responders to the BP Gulf Oil Spill to ask about some exposures and health issues that may have been experienced by workers and volunteers in responding to the spill. This study is sponsored by the National Institute for Occupational Safety and Health which is part of CDC. Study results will be used to protect future workers. The survey takes about 25 minutes to complete. Your participation is voluntary, and all your answers will be kept private to the extent permitted by law. If you do not wish to participate, or do not want to answer particular questions, this will not result in any penalty or loss of benefits to you and your family. Your telephone number was provided through a roster of people who responded to the oil spill. If there are any questions that you don't feel you can answer, please let me know and we'll move to the next one. So, if I have your permission, I'll continue.

[IF YES, GO TO QUESTION SCRN 1]

[IF NO, READ INTRO 2]

#### Intro 2

I assure you that everything you tell us will be kept PRIVATE. This project will be used to identify health problems and patterns of injury faced by oil spill response workers. Your cooperation will benefit all oil spill response workers. Would you please consider helping us?

[IF YES, GO TO QUESTION SCRN 1]

[IF NO, READ THE FOLLOWING]

I'm sorry to have bothered you. Thank you for your time.

[END CALL]



## NEVER, EVER, OR CURRENT WORKER SCREEN

SCRN 1. Not counting days you spent in training, did you work at least three days on the oil spill response in any capacity?

Yes ..... 1

Refused..... 99 [GO TO QUESTION DEMO 1]

No ..... 2 [GO TO QUESTION DEMO 1]

SCRN 2. Are you currently working on the oil spill response?

Yes ..... 1

Don't know ..... 88

No ..... 2

Refused..... 99

## HEALTH SYMPTOMS

[INTERVIEWER: READ THE FOLLOWING PROMPT ONCE BEFORE ASKING QUESTIONS SYMP 1 TO SYMP 15]

I'm going to ask you some questions about your health DURING THE PAST 30 DAYS.

SYMP 1. In the past 30 days, how often did you have a cough?

All the time.....1

Rarely..... 4

Most of the time.....2

Never ..... 5

Sometimes..... 3

[INTERVIEWER: DON'T READ]

Don't know ..... 88

Refused..... 99

SYMP 2. In the past 30 days, how often did you have wheezing or whistling in your chest?

All the time.....1

Rarely..... 4

Most of the time.....2

Never ..... 5

Sometimes..... 3

[INTERVIEWER: DON'T READ]

Don't know ..... 88

Refused..... 99

SYMP 3. In the past 30 days, how often did you have tightness in your chest?

All the time.....1

Rarely..... 4

Most of the time....2

Never ..... 5

Sometimes..... 3

[INTERVIEWER: DON'T READ]

Don't know ..... 88

Refused..... 99

SYMP 4. In the past 30 days, how often were you short of breath?

All the time..... 1	Rarely..... 4
Most of the time..... 2	Never ..... 5
Sometimes..... 3	

[INTERVIEWER: DON'T READ]

Don't know ..... 88	Refused ..... 99
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SYMP 5. In the past 30 days, how often did you have a stuffy, itchy or runny nose?

All the time..... 1	Rarely..... 4
Most of the time..... 2	Never ..... 5
Sometimes..... 3	

[INTERVIEWER: DON'T READ]

Don't know ..... 88	Refused ..... 99
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SYMP 6. In the past 30 days, how often did you have watery or itchy eyes?

All the time..... 1	Rarely..... 4
Most of the time..... 2	Never ..... 5
Sometimes..... 3	

[INTERVIEWER: DON'T READ]

Don't know ..... 88	Refused ..... 99
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SYMP 7. In the past 30 days, how often did you have burning eyes?

All the time..... 1	Rarely..... 4
Most of the time..... 2	Never ..... 5
Sometimes..... 3	

[INTERVIEWER: DON'T READ]

Don't know ..... 88	Refused ..... 99
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SYMP 8. In the past 30 days, how often did you have burning in your nose, throat or lungs?

All the time ..... 1

Rarely..... 4

Most of the time.....2

Never ..... 5

Sometimes..... 3

[INTERVIEWER: DON'T READ]

Don't know ..... 88

Refused..... 99

SYMP 9. In the past 30 days, did you have a skin rash that lasted 2 or more days?

Yes ..... 1

Don't know ..... 88 [GO TO QUESTION SYMP 11]

No..... 2 [GO TO QUESTION SYMP 11]    Refused..... 99 [GO TO QUESTION SYMP 11]

SYMP 10. Did you get the rash on a part of your body that touched or came into contact with any of these? [INTERVIEWER: READ LIST AND CODE ALL THAT APPLY]

Oil ..... 1

Poison ivy or poison oak..... 5

Chemical dispersants.....2

Don't know ..... 88

Your personal protective equipment (e.g., boots, gloves, coated Tyvek suit).....3

Refused ..... 99

Sunscreen ..... 4

SYMP 11. In the past 30 days, how often did you have a severe headache or migraine?

All the time ..... 1

Rarely..... 4

Most of the time.....2

Never ..... 5

Sometimes..... 3

[INTERVIEWER: DON'T READ]

Don't know ..... 88

Refused..... 99

SYMP 12. In the past 30 days, how often did you have dizziness or lightheadedness?

All the time ..... 1

Rarely..... 4

Most of the time.....2

Never ..... 5

Sometimes..... 3

[INTERVIEWER: DON'T READ]

Don't know ..... 88

Refused..... 99

SYMP 13. In the past 30 days, how often did you have nausea or vomiting?

All the time..... 1                      Rarely..... 4

Most of the time..... 2                      Never ..... 5

Sometimes..... 3

[INTERVIEWER: DON'T READ]

Don't know ..... 88                      Refused ..... 99

SYMP 14. In the past 30 days, how often did you have diarrhea? [INTERVIEWER: DIARRHEA IS DEFINED AS AT LEAST THREE LOOSE OR WATERY STOOLS IN A 24 HOUR PERIOD.]

All the time..... 1                      Rarely..... 4

Most of the time..... 2                      Never ..... 5

Sometimes..... 3

[INTERVIEWER: DON'T READ]

Don't know ..... 88                      Refused ..... 99

SYMP 15. In the past 30 days, how often did you have blurred or distorted vision?

All the time..... 1                      Rarely..... 4

Most of the time..... 2                      Never ..... 5

Sometimes..... 3

[INTERVIEWER: DON'T READ]

Don't know ..... 88                      Refused ..... 99

SYMP 16. In the past 30 days, how often did you have lower back pain?

All the time..... 1                      Rarely..... 4

Most of the time..... 2                      Never ..... 5

Sometimes..... 3

[INTERVIEWER: DON'T READ]

Don't know ..... 88                      Refused ..... 99

SYMP 17. I'm going to read you a list of four types of symptoms. Please tell me whether, while working in hot conditions during the oil spill response, you experienced TWO OR MORE of these types of symptoms at the same time in the past 30 days?

1 – Headaches, dizziness, lightheadedness or fainting.

2 – Weakness and moist skin.

3 – Mood changes such as irritability or confusion.

4 – Upset stomach or vomiting.

Yes ..... 1

Don't know ..... 88

No ..... 2

Refused ..... 99

SYMP 18. While working in the heat during the oil response, not counting scheduled work breaks, did you ever have to stop working because of exhaustion or because you got too hot?

Yes ..... 1

Don't know ..... 88

No ..... 2

Refused ..... 99

SYMP 19. For any symptom or illness that began since the time you started working on the oil spill response, did you go for medical help? [INTERVIEWER: INCLUDE ANY SYMPTOM OR ILLNESS, EVEN THOSE NOT LISTED ABOVE BUT DO NOT INCLUDE INJURIES]

Yes ..... 1

Don't know ... 88 [GO TO QUESTION SYMP 23]

No ..... 2 [GO TO QUESTION SYMP 23]Refused..... 99 [GO TO QUESTION SYMP 23]

SYMP 20. What (was/were) the symptom(s) or illness(es) that you went for medical help for?

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Don't know ..... 88

Refused ..... 99

SYMP 21. Where did you go for medical help? [INTERVIEWER: CODE ALL THAT APPLY]

Field or boat medical station ..... 1

Personal physician .....4

Urgent care clinic..... 2

Other .....5

Emergency room ..... 3

[INTERVIEWER: DON'T READ]

Don't know ..... 88

Refused .....99

SYMP 22. Were you hospitalized for (this/these) symptom(s) or illness(es)? [INTERVIEWER: HOSPITALIZED MEANS ADMITTED AT LEAST OVERNIGHT.]

Yes .....	1	Don't know .....	88
No .....	2	Refused .....	99

SYMP 23. Would you say that in general your health is... [INTERVIEWER: READ LIST]

Excellent .....	1	Fair .....	4
Very good .....	2	Poor .....	5
Good .....	3		

[INTERVIEWER: DON'T READ]

Don't know .....	88
Refused .....	99

SYMP 24. Compared with twelve months ago, would you say your health is better, worse or about the same?

Better .....	1	Don't know .....	88
Worse .....	2	Refused .....	99
About the same .....	3		

## INJURY

INJR 1. While you were working on the oil spill response, were you ever injured on the job? This would be an injury that needed medical care beyond first aid, or an injury that caused you to lose at least 4 hours of work, or an injury that caused you to be assigned to different work duties for at least 4 hours.

Yes .....	1	Don't know .....	88 [GO TO QUESTION EXPO 1]
No .....	2 [GO TO QUESTION EXPO 1]	Refused .....	99 [GO TO QUESTION EXPO 1]

INJR 2. Now I would like you to describe in as much detail as possible how the injury occurred. Include where did the injury happen?, what were you doing at that time?, what equipment or tools were you using?, what materials were you handling?, what kind of injury was it – a cut, a broken bone, something else?, what part of your body was injured?, anything else you think might be important?

[INTERVIEWER: IF RESPONDENT HAD MORE THAN ONE INJURY MEETING THE CRITERIA IN I1, ASK ONLY ABOUT THE MOST RECENT ONE.]

Interviewer Checklist	
Location	
Specific Activity	
Equipment & Tools	
Materials Handled	
Type of Injury (laceration, fracture, etc.)	
Body Part Affected	NIOSH USE ONLY
Other Factors	<div> <div>_____ SOURCE</div> <div>_____ 2<sup>ND</sup> SOURCE</div> </div> <div> <div>_____ EVENT</div> <div>_____ E-CODE</div> </div>

Don't know ..... 88

Refused ..... 99

INJR 3. Did this injury require medical care beyond first aid?

Yes ..... 1

Don't know ..... 88

No ..... 2 [GO TO QUESTION EXPO 1]

Refused ..... 99

INJR 4. Were you hospitalized for this injury?

[INTERVIEWER: HOSPITALIZED MEANS ADMITTED AT LEAST OVERNIGHT.]

Yes ..... 1

Don't know ..... 88

No ..... 2

Refused ..... 99

## EXPOSURES

[INTERVIEWER: READ THE FOLLOWING PROMPT ONCE BEFORE ASKING QUESTIONS EXPO 1 THROUGH EXPO 6.]

For the next set of questions, please answer: All the time, Most of the time, Sometimes, Rarely or Never.

EXPO 1. While working on the oil spill, how often did/do you have direct skin contact with the spilled crude oil? [INTERVIEWER: READ LIST]

All the time ..... 1                      Rarely ..... 4

Most of the time ..... 2                      Never ..... 5

Sometimes ..... 3

[INTERVIEWER: DON'T READ]

Don't know ..... 88                      Refused ..... 99

EXPO 2. While working on the oil spill, how often were/are you exposed directly to smoke from burning crude oil? [INTERVIEWER: READ LIST]

[INTERVIEWER: DIRECT EXPOSURE INCLUDES SMELLING, BREATHING OR COMING INTO CONTACT WITH THE SMOKE.]

All the time ..... 1                      Rarely ..... 4

Most of the time ..... 2                      Never ..... 5

Sometimes ..... 3

[INTERVIEWER: DON'T READ]

Don't know ..... 88                      Refused ..... 99

EXPO 3. While working on the oil spill, how often did/do you notice strong chemical or other unusual odors? [INTERVIEWER: READ LIST]

All the time ..... 1                      Rarely ..... 4

Most of the time ..... 2                      Never ..... 5

Sometimes ..... 3

[INTERVIEWER: DON'T READ]

Don't know ..... 88                      Refused ..... 99

EXPO 4. While working on the oil spill, how often did/do you smell or breathe in exhaust fumes from the engines of cars, trucks, boats, generators or other motorized equipment? [INTERVIEWER: READ LIST]

Rarely..... 4

Never ..... 5

Sometimes..... 3

[INTERVIEWER: DON'T READ]

Refused..... 99

EXPO 5. How often did you handle or apply chemical dispersants such as COREXIT 9500 or COREXIT 9527? [INTERVIEWER: READ LIST]

[INTERVIEWER: CHEMICAL DISPERSANTS SUCH AS COREXIT 9500 AND COREXIT 9527 ARE SOLVENTS USED TO BREAK UP OIL SLICKS BY ACTING AS CHEMICAL DETERGENTS OR SURFACTANTS. THEY ARE USUALLY SPRAYED OR OTHERWISE APPLIED ON SURFACE OIL SLICKS, BUT HAVE BEEN INJECTED DIRECTLY INTO THE UNDERWATER STREAM OF CRUDE OIL SPILLING FROM THE WELLHEAD.]

Rarely..... 4

Never ..... 5

Sometimes..... 3

[INTERVIEWER: DON'T READ]

Refused..... 99

EXPO 6. How often did you work in or near areas where chemical dispersants such as COREXIT 9500 or COREXIT 9527 were applied? [INTERVIEWER: READ LIST]

Rarely..... 4

Never ..... 5

Sometimes..... 3

[INTERVIEWER: DON'T READ]

Refused..... 99

## WORK ASSIGNMENT, LOCATION, AND ACTIVITIES

WORK 1. When did you begin working on the oil spill response? What was the date (approximately or as nearly as you can remember)? [INTERVIEWER: CODE THE FIRST DATE THE RESPONDENT BEGAN WORKING ON THE SPILL AFTER FINISHING THE INITIAL TRAINING, EVEN IF THERE WERE MULTIPLE STARTS AND STOPS.]

/ / [GO TO QUESTION WORK 3]

Don't know .....88 [GO TO QUESTION WORK 2]

Refused.....99 [GO TO QUESTION WORK 2]

WORK 2. Do you remember what month you began working on the oil spill response (approximately or

as nearly as you can remember)? [INTERVIEWER: CODE MONTH AS JAN=01...DEC=12]

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Don't know ..... 88

Refused ..... 99

[INTERVIEWER: READ QUESTION WORK 3 ONLY IF QUESTION SCRN 2 DOES NOT=1. IF QUESTION SCRN 2=1, GO TO QUESTION WORK 5.]

WORK 3. When did you stop working on the oil spill response? What was the date (approximately or as nearly as you can remember)?

\_\_\_\_/\_\_\_\_/\_\_\_\_ [GO TO QUESTION WORK 5]

Don't know ..... 88 [GO TO QUESTION WORK 4]

Refused..... 99 [GO TO QUESTION WORK 4]

WORK 4. Do you remember what month you stopped working on the oil spill response (approximately or as nearly as you can remember)? [INTERVIEWER: CODE MONTH AS JAN=01...DEC=12]

--	--

Don't know ..... 88

Refused ..... 99

WORK 5. During the oil spill response, where (did/do) you usually report for work? If you reported for work at more than one place, please tell me the place you reported for work most often or for the longest period of time. [INTERVIEWER: READ LIST]

[INTERVIEWER: IF NECESSARY, EXPLAIN THAT A FIELD STAGING AREA IS THE CENTRALIZED LOCATION FROM WHICH SHORELINE CLEANUP AND OTHER ACTIVITIES IN A PARTICULAR AREA ARE COORDINATED. THEY NORMALLY INCLUDE RESPONDER DINING FACILITIES, EQUIPMENT STORAGE AND PREPARATION AREAS, AND ARE USUALLY WHERE THE DAILY SAFETY BRIEFINGS ARE GIVEN.]

[INTERVIEWER: IF RESPONDENT INITIALLY ANSWERS THAT HE OR SHE REPORTED TO A BEACH OR OTHER CLEANUP SITE, READ THE FOLLOWING PROBE:] Did you first report to a field staging area? A field staging area is the centralized location from which shoreline and other cleanup activities in a particular area are coordinated. They normally include responder dining facilities, equipment storage and preparation areas, and are usually where the daily safety briefings are given.

Field staging area  
(including beaches, docks and decontamination areas)..... 1 [GO TO QUESTION WORK 7]

U.S. Coast Guard shore facility ..... 2 [GO TO QUESTION WORK 10]

U.S. Coast Guard cutter ..... 3 [GO TO QUESTION WORK 10]

Other ship or vessel..... 4 [GO TO QUESTION WORK 10]

Aviation operations facility ..... 5 [GO TO QUESTION WORK 10]

Warehousing and distribution or other supplies facility ..... 6 [GO TO QUESTION WORK 10]

Unified Area Command Center, Robert, LA ..... 7 [GO TO QUESTION WORK 10]



Unified Command/Incident Command Center, Mobile, AL ..... 8 [GO TO QUESTION WORK 10]  
 Incident Command Center, Houma, LA ..... 9 [GO TO QUESTION WORK 10]  
 Other government facility or office ..... 10 [GO TO QUESTION WORK 10]  
 Other BP facility..... 11 [GO TO QUESTION WORK 10]  
 Other ..... 12 [GO TO QUESTION WORK 6]  
 [INTERVIEWER: DON'T READ]  
 Don't know ..... 88 [GO TO QUESTION WORK 6]  
 Refused..... 99 [GO TO QUESTION WORK 10]

WORK 6. Could you describe where you usually reported for work?


[GO TO QUESTION WORK 10]

Don't know ..... 88 [GO TO QUESTION WORK 10]      Refused ..... 99 [GO TO QUESTION WORK 10]

WORK 7. Which staging area did you work out of? If you worked out of more than one staging area, please tell me the one you worked out of for the longest time. [INTERVIEWER: READ LIST IF NECESSARY]

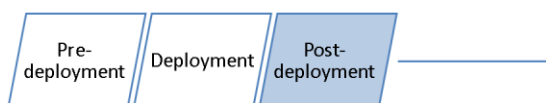
Dauphin Island, AL..... 1	Grand Isle, LA..... 10
Orange Beach, AL ..... 2	Shell Beach, LA..... 11
Theodore, AL ..... 3	Slidell, LA ..... 12
Panama City, FL..... 4	St. Mary, LA..... 13
Pensacola, FL ..... 5	Venice, LA ..... 14
Port St. Joe, FL ..... 6	Biloxi, MS ..... 15
St. Marks, FL ..... 7	Pascagoula, MS..... 16
Amelia, LA..... 8	Pass Christian, MS..... 17
Cocodrie, LA ..... 9	Other ..... 18

[INTERVIEWER: DON'T READ]

Don't know ..... 88 [GO TO QUESTION WORK 10]  
 Refused..... 99 [GO TO QUESTION WORK 10]

WORK 8. Did you work out of any other staging area(s)?

Yes ..... 1



No ..... 2 [GO TO QUESTION WORK 10]

Don't know ..... 88 [GO TO QUESTION WORK 10]

Refused..... 99 [GO TO QUESTION WORK 10]

WORK 9. What other staging area(s) did you work out of? [INTERVIEWER: READ LIST IF NECESSARY. CODE ALL THAT APPLY.]

Dauphin Island, AL..... 1

Grand Isle, LA..... 10

Orange Beach, AL ..... 2

Shell Beach, LA..... 11

Theodore, AL ..... 3

Slidell, LA ..... 12

Panama City, FL..... 4

St. Mary, LA..... 13

Pensacola, FL ..... 5

Venice, LA ..... 14

Port St. Joe, FL ..... 6

Biloxi, MS ..... 15

St. Marks, FL ..... 7

Pascagoula, MS..... 16

Amelia, LA..... 8

Pass Christian, MS..... 17

Cocodrie, LA ..... 9

Other ..... 18

[INTERVIEWER: DON'T READ]

Don't know ..... 88

Refused..... 99

WORK 10. Please tell me what kind of responder you are/were while working on the oil spill. If you worked as more than one kind of responder, tell me the kind you were for the longest period of time. (Are/were) you a...[INTERVIEWER: READ LIST.]

BP employee..... 1 [GO TO QUESTION WORK 12]

Contractor ..... 2

Local state or federal government worker ..... 3

Volunteer..... 4

Or something else ..... 5

[INTERVIEWER: DON'T READ]

Don't know ..... 88

Refused..... 99 [GO TO QUESTION WORK 12]

WORK 11. What was/is the name of your employer or agency while working on the oil spill?

[INTERVIEWER: IF RESPONDENT INITIALLY ANSWERS DON'T KNOW, PROBE BY READING THE FOLLOWING PROMPT.] Do you remember the name of the company (not the bank) that (issued/issues) your paycheck when working on the oil spill? For volunteers, what agency or organization did you volunteer with?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Don't know..... 88

Refused..... 99

WORK 12. While working on the oil spill response, how many days a week (did/do) you usually work?

--

Don't know..... 88

Refused..... 99

WORK 13. While working on the oil spill response, how many days (did/do) you usually work before getting a day off?

--

Don't know..... 88

Refused..... 99

WORK 14. While working on the oil spill response, how many hours per day (did/do) you usually work?

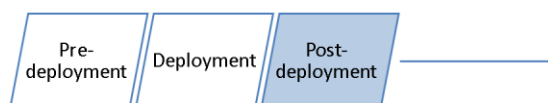
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[INTERVIEWER: DON'T READ]

Varied too much to say..... 77

Don't know.....88

Refused..... 99



WORK 15. Which of the following best describes your usual work schedule while working on the oil spill response? [INTERVIEWER: READ LIST]

- |   |   |                                     |   |
|---|---|-------------------------------------|---|
| A daytime shift .....   | 1 | An irregular shift or on-call ..... | 6 |
| An evening shift.....   | 2 | Some other shift.....               | 7 |
| A nighttime shift .....   | 3 |                                     |   |
| A rotating shift, one that changes periodically from days to evenings or nights ..... |   |                                     |   |
|   | 4 |                                     |   |
| A split shift, one that has two distinct periods each day .....                       |   |                                     |   |
|   | 5 |                                     |   |

[INTERVIEWER: DON'T READ]

- |                  |    |               |    |
|------------------|----|---------------|----|
| Don't know ..... | 88 | Refused ..... | 99 |
|------------------|----|---------------|----|

WORK 16. While working on the oil spill response, on average, how many hours of sleep do you get in a 24-hour period? [INTERVIEWER: ROUND HOURS OF SLEEP TO NEAREST WHOLE HOUR.]

Don't know..... 88

Refused..... 99

WORK 17. While working on the oil spill response, where (did/do) you usually sleep when off duty? [INTERVIEWER: READ LIST. HERE, THE TERMS "TEMPORARY" AND "PERMANENT" REFER TO THE HOUSING FACILITIES' STRUCTURE, NOT TO THE RESPONDENTS' HOUSING ARRANGEMENT. THEREFORE, FOR EXAMPLE, A PERSON STAYING *TEMPORARILY* IN AN APARTMENT OR HOUSE (BUILDINGS WITH FOUNDATIONS) RENTED BY THEIR EMPLOYER OR A CONTRACTOR IS LIVING IN A *PERMANENT* HOUSING FACILITY.]

- |   |   |
|---|---|
| Your own home or another person's home.....   | 1 |
| Hotel or motel .....  | 2 |
| Permanent military or other government facility such as a barracks, dormitory or Coast Guard Station .....  | 3 |
| Temporary military or other government facility such as a camp or bivouac.....  | 4 |
| Aboard ship .....   | 5 |
| Aboard a "quarters barge" or "floatel" .....  | 6 |
| Permanent housing facilities—that is, a building with a foundation (including houses and apartments)— provided by your employer or a contractor ..... | 7 |

Temporary housing facilities such as a tent or a trailer  
provided by your employer or a contractor ..... 8

Other ..... 9

[INTERVIEWER: DON'T READ]

Don't know ..... 88

Refused..... 99

WORK 18. During the oil spill response, did/do you usually work ..... [INTERVIEWER: READ LIST]

Offshore, that is on a ship, boat or other vessel.....1

On shore, including all land activities.....2 [GO TO QUESTION WORK 24]

Both offshore and onshore.....3

For aviation or aviation support services .....4 [GO TO QUESTION PPEQ 1]

Don't know ..... 88 [GO TO QUESTION PPEQ 1]

Refused.....99 [GO TO QUESTION PPEQ 1]

[INTERVIEWER: READ THE FOLLOWING PROMPT ONCE BEFORE ASKING QUESTIONS WORK 19 THROUGH WORK 24] I am going to read you a list of different kinds of work you may have done. Please tell me whether or not you (or the vessel you were working on) did this kind of work for each of these while working on the oil spill response. If you are not sure whether you did any of these types of work, I can help by reading you a brief description of that type of work.

WORK 19. Source control

[INTERVIEWER: IF SUBJECT INITIALLY ANSWERS DON'T KNOW, PROBE BY READING THE FOLLOWING DESCRIPTION]

Source control operations include: containing and repairing the wellhead, drilling relief wells, underwater injection of dispersants, and collection of oil from the source.

Yes ..... 1

Don't know ..... 88

No ..... 2

Refused ..... 99

WORK 20. Offshore skimming operations

[INTERVIEWER: IF SUBJECT INITIALLY ANSWERS DON'T KNOW, PROBE BY READING THE FOLLOWING DESCRIPTION]

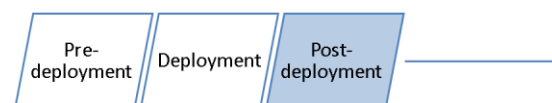
During offshore skimming operations, oil skimming equipment towed by ships or other vessels is used to remove oil from the surface of open water.

Yes ..... 1

Don't know ..... 88

No ..... 2

Refused ..... 99



WORK 21. Controlled burning of oil

[INTERVIEWER: IF SUBJECT INITIALLY ANSWERS DON'T KNOW, PROBE BY READING THE FOLLOWING DESCRIPTION]

During controlled burning operations, oil is burned off the surface of the water by igniting the upwind end of an oil-contaminated area of open water and allowing it to burn to the down-wind end.

Yes ..... 1

Don't know ..... 88

No ..... 2

Refused ..... 99

WORK 22. Boom deployment and recovery

[INTERVIEWER: IF SUBJECT INITIALLY ANSWERS DON'T KNOW, PROBE BY READING THE FOLLOWING DESCRIPTION]

Boom deployment and recovery operations include setting out hard or sorbent booms used to contain or absorb oil and oil products floating on the surface of the water from ships, boats, or other vessels, and pulling them back onboard after they are used.

WORK 23. Did you work on a vessel that was part of the Vessel of Opportunity Program?

Yes ..... 1

Don't know ..... 88

No ..... 2

Refused ..... 99

[INTERVIEWER: READ THE FOLLOWING PROMPT ONCE BEFORE ASKING QUESTIONS WORK 24 THROUGH WORK 27] I am going to read you a list of different kinds of work you may have done. Please tell me whether or not you did this kind of work for each of these while working on the oil spill response.

WORK 24. Cleanup of beaches, marshes or other areas along the shoreline

[INTERVIEWER: IF SUBJECT INITIALLY ANSWERS DON'T KNOW, PROBE BY READING THE FOLLOWING DESCRIPTION]

Cleanup of beaches, marshes, or other areas along the shoreline includes the removal and cleaning of oil, oil products, and oil contaminated materials from beaches, marshes and other shoreline areas.

Yes ..... 1

Don't know ..... 88

No ..... 2

Refused ..... 99

WORK 25. Cleaning oil from the spill off boats or equipment using pressure sprayers

[INTERVIEWER: IF SUBJECT INITIALLY ANSWERS DON'T KNOW, PROBE BY READING THE FOLLOWING DESCRIPTION]

Cleaning oil and oil products from the spill off boats or equipment using pressure sprayers includes the removal of spilled crude oil from the hull or other surfaces of boats or from other equipment using pressure sprayers after the boats or equipment became contaminated during use.

Yes ..... 1

Don't know ..... 88

No ..... 2

Refused ..... 99

WORK 26. Wildlife rehabilitation

[INTERVIEWER: IF SUBJECT INITIALLY ANSWERS DON'T KNOW, PROBE BY READING THE FOLLOWING DESCRIPTION]

Workers and volunteers are involved in cleaning, caring for and rehabilitating oil-contaminated wildlife.

Yes ..... 1

Don't know ..... 88

No ..... 2

Refused ..... 99

WORK 27. Waste stream management

[INTERVIEWER: IF SUBJECT INITIALLY ANSWERS DON'T KNOW, PROBE BY READING THE FOLLOWING DESCRIPTION]

Waste stream management involves the collection, transport, storage and recycling or final disposal of special or hazardous solid and liquid wastes generated during the oil spill response.

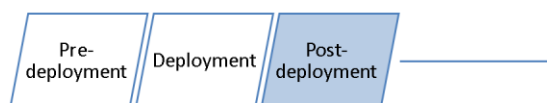
[INTERVIEWER: WASTE STREAM MANAGEMENT DOES NOT INCLUDE MERELY HANDLING WASTE AT THE POINT WHERE IT IS GENERATED, SUCH AS BEACH CLEAN UP SITES.]

Yes ..... 1

Don't know ..... 88

No ..... 2

Refused ..... 99



## PERSONAL PROTECTIVE EQUIPMENT

PPEQ 1. How often (did/do) you wear chemical resistant gloves and rubber boots or overboots to protect your skin from contact with spilled crude oil or oil products while performing your oil spill response job?

All the time ..... 1 [GO TO QUESTION PPEQ 3]      Rarely ..... 4

Most of the time..... 2      Never..... 5

Sometimes..... 3

[INTERVIEWER: DON'T READ]

Don't know ..... 88 [GO TO QUESTION PPEQ 3]

Refused..... 99 [GO TO QUESTION PPEQ 3]

PPEQ 2. What were the reasons you [(did/do) not/(did/do) not always] wear chemical resistant gloves and rubber boots or overboots? [INTERVIEWER: READ LIST AND CODE ALL THAT APPLY]

It wasn't required for the work I did ..... 1

None was available..... 2

They didn't have my size ..... 3

Mine was damaged and I couldn't get a replacement ..... 4

It got in the way of doing my work..... 5

It was too hot or uncomfortable ..... 6

I didn't know how to wear it or use it ..... 7

I didn't think I needed it ..... 8

It got too dirty ..... 9

I forgot to wear it..... 10

I thought wearing it made me less safe..... 11

Other ..... 12

[INTERVIEWER: DON'T READ]

Don't know ..... 88

Refused..... 99



PPEQ 3. How often (did/do) you wear chemical protective clothing, such as a coated Tyvek suit, to protect your skin from contact with spilled crude oil and oil products while performing your oil spill response job? [INTERVIEWER: READ LIST]

All the time..... 1 [GO TO QUESTION PPEQ 5]	Rarely ..... 4
Most of the time..... 2	Never..... 5
Sometimes..... 3	

[INTERVIEWER: DON'T READ]

Don't know ..... 88 [GO TO QUESTION PPEQ 5]

Refused..... 99 [GO TO QUESTION PPEQ 5]

PPEQ 4. What (was/were) the reason(s) you [(did/do) not/(did/do) not always]wear chemical protective clothing? [INTERVIEWER: READ LIST AND CODE ALL THAT APPLY]

It wasn't required for the work I did .....	1
None was available.....	2
They didn't have my size .....	3
Mine was damaged and I couldn't get a replacement .....	4
It got in the way of doing my work.....	5
It was too hot or uncomfortable .....	6
I didn't know how to wear it or use it .....	7
I didn't think I needed it .....	8
It got too dirty .....	9
I forgot to wear it.....	10
I thought wearing it made me less safe.....	11
Other .....	12

[INTERVIEWER: DON'T READ]

Don't know ..... 88

Refused..... 99

PPEQ 5. How often (did/do) you wear a respirator while performing your oil spill response job? Examples of respirators include filtering facepieces such as a P100 and air purifying respirators that have chemical cartridges. Dust or surgical-type masks are not respirators. [INTERVIEWER: READ LIST]

All the time..... 1 [GO TO QUESTION MDHX 1]      Rarely ..... 4

Most of the time..... 2      Never..... 5

Sometimes..... 3

[INTERVIEWER: DON'T READ]

Don't know ..... 88 [GO TO QUESTION MDHX 1]

Refused..... 99 [GO TO QUESTION MDHX 1]

PPEQ 6. Did you go through "fit testing" to make sure your respirator fit correctly? You might have tried on different sizes or different respirators.

Yes ..... 1      Don't know ..... 88

No ..... 2      Refused ..... 99

PPEQ 7. Did you receive training about how and when to properly use the respirator you (wore/wear)?

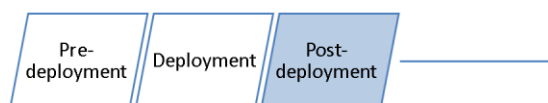
Yes ..... 1      Don't know ..... 88

No ..... 2      Refused ..... 99

[INTERVIEWER: READ QUESTION PPEQ 8 ONLY IF QUESTION PPEQ 5 IS NOT=1. IF QUESTION PPEQ 5=1, GO TO QUESTION MDHX 1.]

PPEQ 8. What (was/were) the reason(s) you [(did/do) not/(did/do) not always] wear a respirator? [INTERVIEWER: READ LIST AND CODE ALL THAT APPLY]

It wasn't required for the work I did .....	1
None was available.....	2
They didn't have my size .....	3
Mine was damaged and I couldn't get a replacement .....	4
It got in the way of doing my work.....	5
It was too hot or uncomfortable .....	6
I didn't know how to wear it or use it .....	7
I didn't think I needed it .....	8
It got too dirty .....	9
I forgot to wear it.....	10
I thought wearing it made me less safe.....	11
Other .....	12
[INTERVIEWER: DON'T READ]	
Don't know .....	88
Refused.....	99



## MEDICAL HISTORY

[INTERVIEWER: READ THE FOLLOWING PROMPT ONCE BEFORE ASKING QUESTIONS MDHX 1 THROUGH MDHX 13]

Before you began working on the oil spill response, did a doctor ever tell you that you had any of the following:

### MDHX 1. Asthma

Yes ..... 1	Don't know... 88 [GO TO QUESTION MDHX 3]
No ..... 2 [GO TO QUESTION MDHX 3]	Refused ..... 99 [GO TO QUESTION MDHX 3]

### MDHX 2. Do you still have asthma?

Yes ..... 1	Don't know ..... 88
No ..... 2	Refused ..... 99

### MDHX 3. Emphysema or chronic bronchitis (COPD)

Yes ..... 1	Don't know ..... 88
No ..... 2	Refused ..... 99

### MDHX 4. High blood pressure (high blood – to some)

Yes ..... 1	Don't know ..... 88
No ..... 2	Refused ..... 99

### MDHX 5. Heart disease

Yes ..... 1	Don't know ..... 88
No ..... 2	Refused ..... 99

### MDHX 6. Diabetes (high sugar, sugar, or sugar diabetes to some)

Yes ..... 1	Don't know ..... 88
No ..... 2	Refused ..... 99

### MDHX 7. Anxiety

Yes ..... 1	Don't know ..... 88
No ..... 2	Refused ..... 99

### MDHX 8. Depression

Yes ..... 1	Don't know ..... 88
No ..... 2	Refused ..... 99

MDHX 9. Alcohol abuse problem

Yes .....	1	Don't know .....	88
No .....	2	Refused .....	99

MDHX 10. Sleep problems (e.g., sleep apnea, insomnia, restless leg syndrome)

Yes .....	1	Don't know .....	88
No .....	2	Refused .....	99

MDHX 11. Allergies

Yes .....	1	Don't know .....	88
No .....	2	Refused .....	99

MDHX 12. Back problems

Yes .....	1	Don't know .....	88
No .....	2	Refused .....	99

MDHX 13. Migraine or cluster headaches

Yes .....	1	Don't know .....	88
No .....	2	Refused .....	99

MDHX 14. How tall are you in feet and inches when not wearing shoes?

|\_\_| feet |\_\_|\_\_| inches

Don't know .....	88	Refused .....	99
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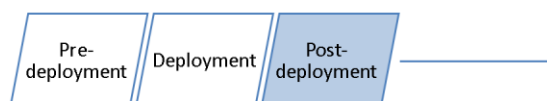
MDHX 15. What is your current weight in pounds when not wearing shoes?

|\_\_|\_\_|\_\_| lbs.

Don't know .....	88	Refused .....	99
------------------	----	---------------	----

MDHX 16. Have you smoked at least 100 cigarettes in your entire life? [INTERVIEWER: 100 CIGARETTES=5 PACKS]

Yes .....	1	Don't know ....	88
No .....	2	[GO TO QUESTION MDHX 18] Refused.....	99



MDHX 17. Do you now smoke cigarettes... [INTERVIEWER: READ LIST]

Every day ..... 1

Not at all ..... 3

Some days .....2

[INTERVIEWER: DON'T READ]

Don't know ..... 88

Refused..... 99

MDHX 18. Do you now SMOKE tobacco in any other form such as a pipe or cigars?

[INTERVIEWER: DO NOT INCLUDE SMOKELESS TOBACCO PRODUCTS SUCH AS CHEWING TOBACCO OR SNUFF.]

Yes ..... 1

Don't know ..... 88

No.....2

Refused..... 99

MDHX 19. Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? [INTERVIEWER: SNUS RHYMES WITH GOOSE. SNUS (SWEEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.]

Every day ..... 1

Not at all ..... 3

Some days ..... 2

[INTERVIEWER: DON'T READ]

Don't know ..... 88

Refused..... 99

MDHX 20. [INTERVIEWER: ASK ONLY IF RESPONDENT INDICATED THAT THEY USED SOME FORM OF TOBACCO IN QUESTION MDHX 17 OR MDHX 18 OR MDHX 19. OTHERWISE, GO TO QUESTION MDHX 21.] Are you currently using the same amount of tobacco (smoking, chewing or snuff) as before your work on the oil spill?

More.....1

Don't know ..... 88

Less.....2

Refused..... 99

About the same.....3

MDHX 20. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

--	--

Days per week

Don't know ..... 88

--	--

Days per week

Refused..... 99

No drinks in the past 30 days ..... 77

## MENTAL HEALTH

MHLT 1. [INTERVIEWER: ASK ONLY IF QUESTION MDHX 20  $\geq$  1 AND NOT=77, 88 OR 99. IF QUESTION MDHX=0, 77, 88 OR 99, GO TO QUESTION MHLT 3.] One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

[INTERVIEWER: A 40 OUNCE BEER WOULD COUNT AS 3 DRINKS, OR A COCKTAIL DRINK WITH TWO SHOTS WOULD COUNT AS 2 DRINKS.]

--	--

Don't know ..... 88

Refused ..... 99

MHLT 2. [INTERVIEWER: ASK ONLY IF QUESTION MDHX 20  $\geq$  1 AND NOT=77, 88 OR 99. IF QUESTION MDHX=0, 77, 88 OR 99, GO TO QUESTION MHLT 3.] Are you currently drinking MORE than you drank in the 12 months before the oil spill, LESS, or ABOUT THE SAME as in the 12 months before the oil spill?

More ..... 1

Don't know ..... 88

Less ..... 2

Refused ..... 99

About the same ..... 3

[INTERVIEWER: READ THE FOLLOWING PROMPT BEFORE ASKING QUESTIONS MHLT 3 TO MHLT 20.]

Now I am going to ask you some questions about some feelings that you have had in the past 30 days so that we can understand more about this type of work for the future. Please answer: All the time, Most of the time, Sometimes, Rarely or Never.

MHLT 3. In the past 30 days, how often was your sleep restless?

All the time ..... 1

Rarely ..... 4

Most of the time ..... 2

Never ..... 5

Sometimes ..... 3

[INTERVIEWER: DON'T READ]

Don't know ..... 88

Refused ..... 99

MHLT 4. During the past 30 days, how often did you feel fearful?

All the time ..... 1

Rarely ..... 4

Most of the time ..... 2

Never ..... 5

Sometimes ..... 3

[INTERVIEWER: DON'T READ]

Don't know ..... 88

Refused ..... 99

MHLT 5. During the past 30 days, how often did you feel hopeful about the future?



All the time..... 1	Rarely..... 4
Most of the time..... 2	Never ..... 5
Sometimes..... 3	

[INTERVIEWER: DON'T READ]

Don't know ..... 88	Refused ..... 99
---------------------	------------------

MHLT 6. During the past 30 days, how often did you feel lonely?

All the time..... 1	Rarely..... 4
Most of the time..... 2	Never ..... 5
Sometimes..... 3	

[INTERVIEWER: DON'T READ]

Don't know ..... 88	Refused ..... 99
---------------------	------------------

MHLT 7. During the past 30 days, how often did you have trouble keeping your mind on what you were doing?

All the time..... 1	Rarely..... 4
Most of the time..... 2	Never ..... 5
Sometimes..... 3	

[INTERVIEWER: DON'T READ]

Don't know ..... 88	Refused ..... 99
---------------------	------------------

MHLT 8. During the past 30 days, how often did you feel sad or depressed?

All the time..... 1	Rarely..... 4
Most of the time..... 2	Never ..... 5
Sometimes..... 3	

[INTERVIEWER: DON'T READ]

Don't know ..... 88	Refused ..... 99
---------------------	------------------



MHLT 9. During the past 30 days, how often did you feel that everything you did was an effort?

All the time..... 1                      Rarely..... 4

Most of the time..... 2                      Never ..... 5

Sometimes..... 3

[INTERVIEWER: DON'T READ]

Don't know ..... 88                      Refused ..... 99

MHLT 10. During the past 30 days, how often did you feel bothered by things that usually don't bother you?

All the time..... 1                      Rarely..... 4

Most of the time..... 2                      Never ..... 5

Sometimes..... 3

[INTERVIEWER: DON'T READ]

Don't know ..... 88                      Refused ..... 99

MHLT 11. In the past 30 days, how often have you felt so angry that you either lost your temper or felt out of control?

All the time..... 1                      Rarely..... 4

Most of the time..... 2                      Never ..... 5

Sometimes..... 3

[INTERVIEWER: DON'T READ]

Don't know ..... 88                      Refused ..... 99

MHLT 12. During the past 30 days, how often did you feel happy?

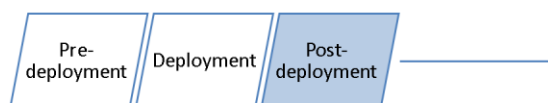
All the time..... 1                      Rarely..... 4

Most of the time..... 2                      Never ..... 5

Sometimes..... 3

[INTERVIEWER: DON'T READ]

Don't know ..... 88                      Refused ..... 99



MHLT 13. During the past 30 days how often did you feel that you could not get “going”?

All the time ..... 1                      Rarely..... 4

Most of the time..... 2                      Never ..... 5

Sometimes..... 3

[INTERVIEWER: DON'T READ]

Don't know ..... 88                      Refused ..... 99

MHLT 14. During the past 30 days, how much have you worried about your future physical health as a result of working on the oil spill? [INTERVIEWER: READ LIST]

All the time ..... 1                      Rarely..... 4

Most of the time..... 2                      Never ..... 5

Sometimes..... 3

[INTERVIEWER: DON'T READ]

Don't know ..... 88                      Refused ..... 99

MHLT 15. In the last 30 days how often did your oil spill response job interfere with your family life in any way (e.g., time spent with family, being distracted or short-tempered because of work)? Would you say... [INTERVIEWER: READ LIST]

Never ..... 1                      1—2 days per week ..... 4

Less than once a month ..... 2                      3—4 days per week ..... 5

1—3 days per month ..... 3                      5 or more days per week ..... 6

[INTERVIEWER: DON'T READ]

Don't know ..... 88                      Refused ..... 99

MHLT 16. People differ a lot in their feelings about professional help for mental health problems. If you had a SERIOUS mental health problem, would you DEFINITELY go for professional help, PROBABLY go, PROBABLY NOT go, or DEFINITELY NOT go for professional help?

Definitely go ..... 1                      Definitely not go ..... 4

Probably go..... 2                      Don't know ..... 88

Probably not go ..... 3                      Refused ..... 99

MHLT 17. Do you have access to professional help for mental health concerns if desired?

Yes ..... 1                      Don't know ..... 88

No ..... 2                      Refused ..... 99

MHLT 18. Are you able to contact people you rely on for support if desired (people such as family member, friend, spiritual leader, or trusted coworker)?

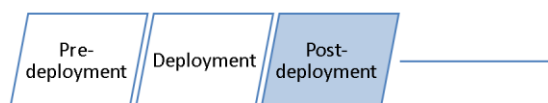
Yes .....	1	Don't know .....	88
No .....	2	Refused .....	99

MHLT 19. What concerns do you have about the impact of this oil spill ? [INTERVIEWER: CODE ALL THAT APPLY.]

Loss of personal or family business .....	1
Loss of job opportunities .....	2
Needing to relocate .....	3
Loss of usual way of life .....	4
Damage to wildlife and the natural environment .....	5
Health concerns about food sources from local waters .....	6
Loss of tourism .....	7
Personal health effects .....	8
Don't know .....	88
Refused .....	99

MHLT 20. In the past 30 days, how often have you had nightmares about the oil spill or thought about it when you did not want to?

All the time .....	1	Rarely .....	4
Most of the time .....	2	Never .....	5
Sometimes .....	3		
[INTERVIEWER: DON'T READ]			
Don't know .....	88	Refused .....	99



## SAFETY CLIMATE

SAFE 1. (Did/does) your employer on the oil spill response provide you clean drinking water every day?

Yes ..... 1

Don't know ..... 88

No ..... 2

Refused ..... 99

[INTERVIEWER: READ THE FOLLOWING PROMPT BEFORE ASKING QUESTION SAFE 2 AND SAFE 3.]

Please tell me whether you strongly agree, agree, disagree, or strongly disagree with the following two statements that might or might not describe your oil spill response job.

SAFE 2. There (were/are) no significant shortcuts or compromises taken when worker safety was/is at stake.

Strongly agree ..... 1

Disagree ..... 3

Agree ..... 2

Strongly disagree ..... 4

[INTERVIEWER: DON'T READ]

Don't know ..... 88

Refused ..... 99

SAFE 3. I (had/have) the training I needed/need to perform my job safely and competently.

Strongly agree ..... 1

Disagree ..... 3

Agree ..... 2

Strongly disagree ..... 4

[INTERVIEWER: DON'T READ]

Don't know ..... 88

Refused ..... 99

## DEMOGRAPHICS

DEMO 1. [INTERVIEWER: CODE SEX OR ASK IF NOT KNOWN] Are you male or female?

Male ..... 1	Refused ..... 99
Female ..... 2	

DEMO 2. Are you Hispanic or (Latino/Latina)?

Yes ..... 1	Don't know ..... 88
No ..... 2	Refused ..... 99

DEMO 3. I'm going to read a list of race categories, please choose one or more categories that best indicate the race you consider yourself to be. Are you... [INTERVIEWER: READ ALL CATEGORIES AND CODE ALL THAT APPLY]

White ..... 1	Native Hawaiian ..... 5
Black or African American ..... 2	Other Pacific Islander ..... 6
American Indian or Alaska Native ..... 3	
Asian ..... 4	
[INTERVIEWER: DON'T READ]	
Other ..... 7	Don't know ..... 88
Refused ..... 99	

DEMO 4. What is the highest grade or year of school you completed? [INTERVIEWER: READ ONLY IF NECESSARY]

Never attended school or only kindergarten ..... 1	
Grades 1 through 8 (elementary) ..... 2	
Grades 9 through 11 (some high school) ..... 3	
Grade 12 or GED (High School graduate) ..... 4	
College 1 year to 3 years (some college or technical school) ..... 5	
College 4 years or more (college graduate) ..... 6	
[INTERVIEWER: DON'T READ]	
Don't know ..... 88	
Refused ..... 99	

## RESPONDENT IDENTIFICATION

[INTERVIEWER: IF FIRST AND LAST NAME FIELDS ARE ALREADY POPULATED, READ QUESTION IDNT 1. OTHERWISE, SKIP TO QUESTION IDNT 2.]

IDNT 1. On the roster form you completed earlier, we have your name listed as [INTERVIEWER: READ AND SPELL RESPONDENT'S NAME]. Is that correct?

Yes ..... 1 [GO TO QUESTION IDNT 5]

Refused ..... 99

No ..... 2

IDNT 2. Please spell your last name.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Refused..... 99

IDNT 3. Please spell your first name.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Refused..... 99

IDNT 4. What is your middle initial?

--

None ..... 88

Refused ..... 99

[INTERVIEWER: IF DATE OF BIRTH FIELD IS ALREADY POPULATED, READ QUESTION IDNT 5. OTHERWISE, SKIP TO QUESTION IDNT 6]

IDNT 5. We have your date of birth listed as [INTERVIEWER: READ DATE OF BIRTH]. Is that correct?

Yes ..... 1 [GO TO QUESTION IDNT 8]

Don't know..... 88

No ..... 2

Refused ..... 99

IDNT 6. What is your date of birth?

\_\_\_\_/\_\_\_\_/\_\_\_\_

Don't know.....88 [GO TO QUESTION IDNT 7]

Refused.....99 [GO TO QUESTION IDNT 7]

IDNT 7. [INTERVIEWER: READ QUESTION IDNT 7 ONLY IF QUESTION IDNT 6 = 88 OR 99. OTHERWISE, SKIP TO QUESTION IDNT 8.] How old are you?

--	--

Don't know ..... 88

Refused ..... 99

[INTERVIEWER: IF LAST FOUR DIGITS OF SSN FIELD IS ALREADY POPULATED, READ QUESTION IDNT 8. OTHERWISE, SKIP TO QUESTION IDNT 9]

IDNT 8. We have the last four digits of your Social Security Number listed as [INTERVIEWER: READ LAST FOR DIGITS OF RESPONDENT'S SSN]. Is that correct?

Yes ..... 1 [GO TO QUESTION IDNT 10]    Refused ..... 99

No ..... 2

IDNT 9. What are the last four digits of your social security number? [INTERVIEWER: IF RESPONDENT INITIALLY ANSWERS DON'T KNOW OR REFUSES, READ THE FOLLOWING:] The reason we are collecting this information is to match the responses you give us today to our response worker roster.

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Don't know ..... 88

Refused ..... 99

IDNT 10. Is the telephone number I reached you at today the best number to reach you at in the future?

Yes ..... 1 [GO TO QUESTION IDNT 12]    Don't know ..... 88

No ..... 2

Refused ..... 99

IDNT 11. Could you give me a phone number, including the area code, that we could use to reach you at in the future?

(    |    |    ) |    |    |    | - |    |    |    |    |

None ..... 88 [GO TO QUESTION IDNT 15]    Refused ..... 99 [GO TO QUESTION IDNT 15]

IDNT 12. Is that a landline home phone, a cell phone, work phone or something else?

Landline home phone... 1

Other ..... 4

Cell phone ..... 2

Don't know ..... 88

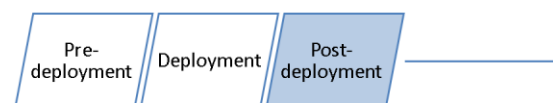
Work phone ..... 3

Refused ..... 99

IDNT 13. Do you have another phone number we could use in case we are unable to reach you at the number you just gave me? For example, a cell phone or a work phone number.

(    |    |    ) |    |    |    | - |    |    |    |    |

None ..... 88 [GO TO QUESTION IDNT 15]    Refused ..... 99 [GO TO QUESTION IDNT 15]



IDNT 14. Is that a landline home phone, a cell phone, work phone or something else?

Landline home phone... 1	Other ..... 4
Cell phone ..... 2	Don't know..... 88
Work phone..... 3	Refused ..... 99

IDNT 15. Could you tell me the phone number of a family member, friend or other person who would know how to contact you 6 months from now?

(\_\_|\_\_|\_\_) |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|

Don't know ..... 88	Refused ..... 99
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[INTERVIEWER: IF THE STREET ADDRESS, CITY, STATE, AND ZIPCODE FIELDS ARE ALREADY POPULATED, READ QUESTION IDNT 16. OTHERWISE, SKIP TO QUESTION IDNT 17.]

[INTERVIEWER: FOR QUESTIONS IDNT 16 TO IDNT 20, IF THE RESPONDENT INITIALLY ANSWERS DON'T KNOW OR REFUSES, READ THE FOLLOWING:] The reason we are asking for your permanent address is so we can share information with you in the future.

IDNT 16. We have your permanent address listed as [INTERVIEWER: READ THE RESPONDENT'S STREET ADDRESS, CITY, STATE, AND ZIPCODE]. Is that correct?

Yes ..... 1 [GO TO QUESTION IDNT 21]	Don't know ..... 88 [GO TO QUESTION IDNT 18]
No ..... 2	Refused ..... 99 [GO TO QUESTION IDNT 18]

IDNT 17. What is the zip code of your permanent mailing address?

--	--	--	--	--

Don't know ..... 88	Refused ..... 99
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IDNT 18. What state is that? [INTERVIEWER: IF IDNT16=88 OR 99, READ THE QUESTION AS, "In what state is your permanent residence?"]

--	--

Don't know ..... 88	Refused ..... 99 [GO TO QUESTION IDNT 21]
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IDNT 19. What city is that? [INTERVIEWER: IF QUESTION IDNT 16=88 OR 99, READ THE QUESTION AS, "In what city is your permanent residence?"]

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Don't know ..... 88 [GO TO QUESTION IDNT 21]	Refused ..... 99 [GO TO QUESTION IDNT 21]
--	---



IDNT 20. [INTERVIEWER: IF QUESTION IDENT 16=88 OR 99, READ THE QUESTION AS, GO TO QUESTION IDENT 21.]What is the street number and street name of your permanent mailing address?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Don't know ..... 88

Refused ..... 99

[INTERVIEWER: IF E-MAIL ADDRESS FIELD IS ALREADY POPULATED, READ QUESTION A21. OTHERWISE, SKIP TO QUESTION A22.]

IDNT 21. We have your email address listed as [INTERVIEWER: READ RESPONDENT'S E-MAIL ADDRESS]. Is that correct?

Yes ..... 1 [GO TO QUESTION IDNT 23] Refused ..... 99 [GO TO QUESTION IDNT 23]

No ..... 2

IDNT 22. Is there an e-mail address we could use to contact you in the future?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Don't know ..... 88

Refused ..... 99

[INTERVIEWER: READ THE FOLLOWING.]

Thank you very much for your participation. Dr. Renee Funk is the Principal Investigator for this study. Would you like Dr. Funk's e-mail address or telephone number in case you want to contact her about the study at any time?

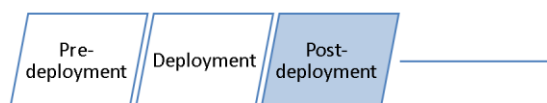
[IF YES, PROVIDE THE FOLLOWING.]

[cdcnioshgulfworker@cdc.gov](mailto:cdcnioshgulfworker@cdc.gov)

(404) 498-4853

In the future, you may be contacted about participating in longer-term research studies on the potential health effects of the Gulf oil spill response efforts, and you can choose whether or not you want to participate in those studies at that time.

[END]



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## STORM, FLOOD, AND HURRICANE RESPONSE

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### Guidance for Post-exposure Medical Screening of Workers Leaving Hurricane Disaster Recovery Areas

<http://www.cdc.gov/niosh/topics/emres/medScreenWork.html>

#### Overview

Working in physically demanding, unclean, or unstable work environments, such as hurricane recovery areas, raises the question of whether work exposures will have adverse health consequences. The likelihood of such adverse health outcomes will depend on factors such as work load and work duration, type and severity of work exposures, and work organization, as well as the workers' prior physical and mental health status, knowledge about and experience with disaster work, and precautions taken while working (e.g., work practices, personal protective equipment).

Because of potential health risks inherent in postdisaster work, screening programs should be undertaken to determine the extent, if any, to which individual workers have been adversely affected by their work and to identify as early as possible any affected workers needing preventive measures or medical care. This document is intended for occupational health professionals and other clinicians who are responsible for physical and mental health oversight of workers who have deployed or worked in hurricane disaster response (e.g., response and recovery workers). It provides guidance on an appropriate medical screening approach for these workers as they complete their response activities or return home from the affected areas. The document does not address issues related to the period prior to initiating response or recovery work, such as predeployment screening, medical clearance, or training; these are important occupational safety and health considerations that are addressed in a companion document. This document will be reassessed periodically and updated as appropriate.

In general, the level of screening appropriate for a given work activity depends on multiple factors. However, because the conditions encountered by response and recovery workers may involve complex, uncontrolled environments, possibly involving multiple or mixed chemical exposures, hazardous substances, microbial agents, temperature extremes, long work shifts, or stressful experiences, all such workers should receive some assessment as a precaution. This may range from completion of brief assessment forms to more comprehensive and focused evaluations. High priority worker groups include those most likely to have exposures to hazardous agents or conditions and those reporting outbreaks of similar adverse health outcomes. Public health criteria, such as frequency of adverse health effects; their severity, preventability, or communicability; public interest; and cost effectiveness, are often useful for setting screening priorities.

#### Purpose of screening

The primary purpose of worker screening programs is to protect worker health by early identification of work-related conditions in individual workers. Through screening, adverse effects in individuals can be recognized in a timely way to provide intervention for the individual, while identifying potential risks to others in the same population of workers or populations with similar exposures. The goal of screening is to identify those who need further medical attention, not necessarily to definitively diagnose or treat based only on information provided through the screening. Therefore, screening programs collect and analyze individual-specific data related to postexposure physical and mental health status, which are used to:

- Detect possible adverse mental or physical health effects related to work or exposure
- Identify those who need further medical evaluation and treatment
- Monitor developing trends and patterns of illness or sequelae to injury or exposure among workers

### Determining a need for screening

When developing a postexposure screening program, it is important to determine who should be screened and the reasons for screening them. For each group of workers, work-related risk factors or characteristics of commonly experienced occupational injuries and illnesses will determine the level or extent of screening appropriate to members of the group. These may include emotional as well as physical health factors. The following factors should be considered:

- Exposures or other risk factors encountered while deployed
  - Type of work performed
  - Dates of deployment
  - Specific locations of work assignments
  - Characteristics of work locations and relationship to known or suspected hazardous agents or conditions
  - Specific job tasks and work load at work locations
  - Specific high-risk exposures or conditions at work locations (e.g., contaminated floodwaters, moldy indoor environments, oil or other toxic spills)
  - Exposure to traumatic events
  - Protective measures used to prevent hazardous exposures (e.g., use of personal protective equipment)
  - Dates started and finished work at locations listed above
    - Shift schedules: hours per day, days per week, rotation schedules
- Reports of adverse health effects among particular groups of workers with similar job tasks, work location, exposure characteristics, etc.

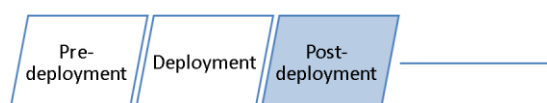
### Deciding who should be screened

Given the broad range of potential hazards and difficult working conditions encountered in hurricane response work, all workers returning from or completing hurricane response activities should receive some basic screening to capture information about their demographics, preexisting medical conditions, work experience and potential exposures while deployed, and any injuries or illness symptoms experienced while in the field or since leaving the disaster area. As described below, those meeting certain criteria should receive more extensive screening.

### Determining the type of screening to be done

In the early phases of response efforts, it is often not possible to fully characterize the spectrum of hazardous agents and conditions that may have caused immediate or may cause future adverse health outcomes. As time elapses following hurricanes, environmental conditions, response activities, exposures, and possible health outcomes will continue to evolve, and information about some of these factors may remain incomplete.

It is not possible to specify here a single defined set of conditions for which workers should be screened. Decisions about screening needs and which health outcomes to monitor should be based on information about known or suspected risk factors (listed in the section “Determining a Need for Screening”), which



is elicited through the basic screening recommended for all workers leaving the disaster area. Similarly, acute physical, cognitive, or emotional symptoms experienced during response work may be indicators of a potential future chronic condition, so the presence of symptoms during or after deployment may indicate a need for more extensive screening.

Different screening approaches will be appropriate for different groups. For example, rescue and recovery workers with prolonged and repeated exposures to contaminated floodwater, workers at an evacuation center, truck drivers delivering supplies, and workers handling logistics at a staging facility will each require different screening strategies.

Without specific information about chemical exposures, biological monitoring (i.e., measuring in body tissues or fluids [such as blood or urine] a chemical, one or more of its metabolites, or a biochemical marker of its effects) will not have great predictive or diagnostic value, nor would it be expected to be cost effective. Such specific exposure information is unlikely to be available for most locations and circumstances. Additionally, biological monitoring would be recommended only if its use as a screening tool for a specific exposure were well established and certain criteria were met, for example, exposure to the specific hazardous agent; ability to retrieve the agent or its metabolites from the body; existence of established reference values for interpreting test results; and relevance and usefulness of results (e.g., important for determining treatment and for predicting health outcome, severity, chronicity, or need for future screening or surveillance). Any other use of biological monitoring would be considered investigative (e.g., toxicology research), with objectives that are different from those of screening programs.

Finally, in addition to documenting predictable adverse health outcomes (on the basis of known exposures, activities, and work conditions), screening programs may identify unexpected health outcomes. Should such a potential emerging problem be identified, further investigation using an epidemiologic or “outbreak investigation” model may be necessary to characterize it and assess possible work-relatedness. If this investigation suggests that the unanticipated health outcome was related to response work, the screening program could then be modified to incorporate this new information to detect reappearance of the problem at an early stage.

## When to screen

Immediate data on postexposure health status should be collected at the time of completion of response work or departure from the affected area, or as soon as possible afterward.

Depending on what is learned about exposures and on the results of the initial screening, more detailed medical evaluation may be indicated. Long-term data on health status may need to be collected on some individuals after a period away from exposure. Timing will depend on the nature of the exposure or health condition.

## Minimum screening information needs

The following information should be collected on all individuals undergoing screening upon completion of or return from response or recovery activities:

### Personal information

#### *Identifying and Contact Information*

- Name, address, appropriate telephone number(s), e-mail addresses (work, personal)
- Age, date of birth, birthplace, sex, social security number
- Contact information for someone who will know where the worker is 6 months after leaving response work



- Response organization:
  - Employer vs. volunteer organization (indicate which)
  - Name and address
  - Contact person's name and telephone number

#### *Usual work*

- Industry, occupation, job tasks, number of years

#### *Functional and Access Needs*

- Primary language

#### *Health status before response work*

- Preexisting medical and mental health conditions
- Relevant lifestyle factors (e.g., smoking status)
- Other specific risk factors (depend on job, e.g., use of personal protective equipment, exposures)
- Immunization status: adult and special risk (e.g., health care worker)

### Response-related information

#### *Response work*

- Type of work performed as response or recovery worker and circumstances under which that work was performed, with special attention to documentation of the geographic location of the work and when the work was performed. See the section titled "Determining a need for screening."

#### *For known hazardous exposures or conditions*

- Type of exposure or conditions, work practices, and protective measures (e.g., personal protective equipment)

#### *Injuries sustained or symptoms experience during response work*

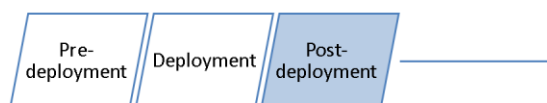
- Injuries: description of injury and circumstances; treatment received; whether injury resolved or still present
- Symptoms: type, new onset or exacerbation of preexisting condition, treatment, if any; symptom still present after return or new symptoms developed after return
- It may be appropriate to include specific screening for stress-related or emotional symptoms

### Additional screening information needs

Workers leaving disaster work who report repeated or prolonged exposures or who report injuries or symptoms should receive more comprehensive screening, which should address the specific exposures or adverse health effects encountered. Additional screening may include a more comprehensive medical history and review of symptoms, a physical examination, or, in some instances, laboratory testing, as indicated by clinical judgment and good occupational medical practice.

### For reported exposures

If potentially significant exposures are reported, additional screening should be directed to detect potential adverse affects commonly associated with these exposures. Thus, for example, if repeated or prolonged exposures to dusty or moldy environments are reported, screening should address possible respiratory or allergic outcomes.



## For reported symptoms

If illnesses or symptoms are reported, information should be obtained regarding corresponding organ systems (e.g., cardiac, respiratory, gastrointestinal, skin, mental health), symptoms, whether illnesses or symptoms represent new onset or exacerbation of preexisting condition, and treatment, if any.

## For reported injuries

If injury is reported, information should be obtained regarding location and operation where injury occurred, nature of injury, part of body affected, severity (e.g., lost work time), and treatment. Minimum information about injury should include information sufficient to meet OSHA requirements for recordable injuries. Injuries caused by acts of violence should be included.

## How information will be used

For the reasons listed in the previous section titled “Purpose of Screening,” screening programs may be set up by various organizations, including public health agencies from all levels of government, public sector response programs (including regulatory agencies and contractors), medical staff at private companies, or individual practitioners. To maintain confidentiality of workers’ medical information, medical or public health personnel typically administer screening programs. Other interested parties, such as public health organizations, academicians, media, labor unions, and attorneys, may want access to grouped screening results (with individual identifiers removed) for other reasons; policies for handling such requests should be developed in advance.

## Other considerations

### *Administrative*

- Decisions should be based on needs assessment before establishment of any screening program
- Programs should address clearly stated objectives
- Those staff members with access to data results should be clearly identified
- Policies, mechanisms, administration, and monitoring of privacy, confidentiality, and data security concerns should be stated clearly
- Adequate funds, personnel, materials, space, timeframe should be available
- Provisions should be made to ensure a system is in place for prompt and effective referral for more definitive evaluation and possible treatment of workers identified with emergent medical problems, whether physical or psychological

### *Staffing*

- Program administrator
- Designated custodian of information collected
- Staff dedicated to collecting the information should be trained in the importance of accurate data collection, privacy, and confidentiality of sensitive and medical information
- Staff members available to analyze the data and interpret and report the results

### *Logistics*

- Data collection locations should be convenient to workers (e.g., central location where workers report)
- Private space for maintenance of privacy
- Secure space for maintenance of confidential information

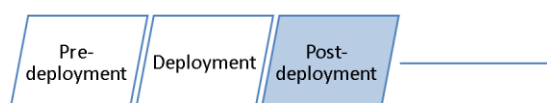


### *Other*

- Screening instrument should be simple, concise, and standardized when available and appropriate.
- Screening system should be simple enough for administration by healthcare professionals
- Program should recognize potential implications regarding worker's compensation and related issues

### *Summary*

- Workers involved in hurricane response may encounter hazardous or stressful working environments and may be at risk for work-related adverse health consequences.
- All workers returning from or completing response and recovery activities should undergo as soon as feasible basic screening to document their activities and working conditions and identify any recognized exposures, illnesses, or injuries.
- Workers who report repeated or prolonged hazardous exposures, injuries, or symptoms or for whom specific risk factors are identified in the basic screening should receive more comprehensive screening, which should be directed at the risk factors, exposures, or adverse health effects encountered.



## ICS Form 221 Demobilization Checklist

<b>DEMobilIZATION CHECKOUT</b>		ICS-221
1. INCIDENT NAME/NUMBER	2. DATE/TIME	3. DEMOB NO.
4. UNIT/PERSONNEL RELEASED		
5. TRANSPORTATION TYPE/NO.		
6. ACTUAL RELEASE DATE/TIME	7. MANIFEST YES NO NUMBER _____	
8. DESTINATION _____	9. AREA/AGENCY/REGION NOTIFIED NAME _____ DATE _____	
10. UNIT LEADER RESPONSIBLE FOR COLLECTING PERFORMANCE RATING		
<p>11. UNIT/PERSONNEL      YOU AND YOUR RESOURCES HAVE BEEN RELEASED SUBJECT TO SIGNOFF FROM THE FOLLOWING:</p> <p style="text-align: center;">(DEMOB. UNIT LEADER CHECK ✓ APPROPRIATE BOX)</p> <p><u>LOGISTICS SECTION</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> SUPPLY           <input type="checkbox"/> COMMUNICATIONS           <input type="checkbox"/> FACILITIES           <input type="checkbox"/> GROUND SUPPORT UNIT LEADER _____         </div> <div style="width: 15%; text-align: right;">           UNIT UNIT UNIT         </div> </div> <p><u>PLANNING SECTION</u></p> <input type="checkbox"/> DOCUMENTATION UNIT _____		
<p><u>FINANCE/ADMINISTRATION SECTION</u></p> <input type="checkbox"/> TIME UNIT _____		
<p><u>OTHER</u></p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> _____           <input type="checkbox"/> _____         </div>		
12. REMARKS		
221 ICS 1/83		

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INSTRUCTIONS ON BACK